



06-01-06

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1654 #

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|   |                      |                        |              |
|---|----------------------|------------------------|--------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 09/752,533             |              |
|   | Filing Date          | December 29, 2000      |              |
|   | First Named Inventor | Stephen M. COUTTS      |              |
|   | Art Unit             | 1654                   |              |
|   | Examiner Name        | D. Lukton              |              |
| Total Number of Pages in This Submission  | 57                   | Attorney Docket Number | 252312005704 |

| ENCLOSURES (Check all that apply)   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form + duplicate for fee processing (2 pages)<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply (with Appendix A and attachments - 52 pages)<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request (1 page)<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input checked="" type="checkbox"/> Terminal Disclaimer (1 page)<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Receipt Postcard |
| Remarks   |  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |          |        |
|--|--|----------|--------|
| Firm Name                                  | MORRISON & FOERSTER LLP (Customer No. 25226) |          |        |
| Signature                                  |  |          |        |
| Printed name                               | Shannon Reaney                               |          |        |
| Date                                       | May 30, 2006                                 | Reg. No. | 52,285 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV534444316US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: May 30, 2006

Signature: (Shannon Reaney)



PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006****Complete if Known**

|                      |                   |
|----------------------|-------------------|
| Application Number   | 09/752,533        |
| Filing Date          | December 29, 2000 |
| First Named Inventor | Stephen M. COUTTS |
| Examiner Name        | D. Lukton         |
| Art Unit             | 1654              |
| Attorney Docket No.  | 252312005704      |

☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 1250.00**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   | 0.00           |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    | 0.00           |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    | 0.00           |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   | 0.00           |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     | 0.00           |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

| Total Claims | Extra Claims | Fee (\$)  | Fee Paid (\$) |
|--------------|--------------|-----------|---------------|
| 183          | -156 = 27    | x 25.00 = | 675.00        |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$)   | Fee Paid (\$) |
|---------------|--------------|------------|---------------|
| 3             | -3 = 0       | x 100.00 = | 0.00          |

HP = highest number of independent claims paid for, if greater than 3.

| Multiple Dependent Claims |               |
|---------------------------|---------------|
| Fee (\$)                  | Fee Paid (\$) |
| 180.00                    | 0.00          |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 =      | /50          | (round up to a whole number) x                   | 125.00   | 0.00          |

**4. OTHER FEE(S)**

|   | Fees Paid (\$) |
|---|----------------|
| Non-English Specification, \$130 fee (no small entity discount)                     |                |
| Other (e.g., late filing surcharge): 2253 Extension for response within third month | 510.00         |
| 2814 Statutory Disclaimer   | 65.00          |

|                     |                |                                   |                |
|---------------------|----------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                |                                   |                |
| Signature           |                | Registration No. (Attorney/Agent) | 52,285         |
| Name (Print/Type)   | Shannon Reaney | Telephone                         | (650) 813-5744 |
|                     |                | Date                              | May 30, 2006   |